

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-815)

Serial No.

FILING DATE

101 588,521

Applicant(s)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	3	/					54						
5	1	3					55						
6	0	1					56						
7	/	0					57						
8	/						58						
9	/						59						
10	/						60						
11	/						61						
12	3	/					62						
13	1	0					63						
14	/						64						
15	/						65						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓			↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	17	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	20	SEARCHED	INDEXED	SEARCHED	INDEXED	SEARCHED	TOTAL CLAIMS		SEARCHED	INDEXED	SEARCHED	INDEXED	SEARCHED